

## ATTACHMENT "A"

### LAHONTAN REGIONAL WATER QUALITY CONTROL BOARD

## NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF GENERAL ORDER NO. R6T-2004-0015  
FOR  
UPDATED WASTE DISCHARGE REQUIREMENTS FOR  
LAND DISPOSAL OF TREATED GROUND WATER

This Notice of Intent, together with the site Workplan, is equivalent to a Report of Waste Discharge. The site Workplan is to include all the requirements of "Information to Support Discharge of Treated Groundwater to Land," Attachment B," at a minimum.

**I. CONSULTANT/OPERATOR** -If additional owners/operators are involved, provide the information in a supplementary letter.

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:	Consultant _____ Operator _____ Consultant/Operator _____		
UST No. _____	WDID No. _____		

**II. PROPERTY OWNER** -If additional owners/operators are involved, provide the information in a supplementary letter.

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:			

**III. BILLING ADDRESS:**

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:			

## IV. DISCHARGE LOCATION

-If more than one discharge is proposed, provide the information in a supplementary letter.

Street (including address, if any) \_\_\_\_\_

City/County \_\_\_\_\_

Nearest Cross Street(s) \_\_\_\_\_

Township/Range/Section T \_\_\_\_\_, R \_\_\_\_\_, Section \_\_\_\_\_, MDB&amp;M

Attach a map of at least 1:2400 (1" = 2000') showing the discharge site. (eg. USGS 7.5' topographical map.)

A map shall also be provided that shows the treatment system, discharge point and surface waters. Wells and residences within 1,500 feet of the discharge site shall also be identified.

## V. DISCHARGE INFORMATION

Please Identify type of discharge:

\_\_\_\_\_ Treated groundwater

\_\_\_\_\_ Other (specify)

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ (estimate) Discharge Rate \_\_\_\_\_ MGD.

Is the discharge short term, intermittent, or seasonal? \_\_\_\_\_

Please provide a time schedule below.

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## VI. TREATMENT SYSTEM

Please Identify:

\_\_\_\_\_ Granular activated carbon

\_\_\_\_\_ Air stripping

\_\_\_\_\_ Vapor extraction

\_\_\_\_\_ Air sparging

\_\_\_\_\_ Chemical oxidation (describe) \_\_\_\_\_

\_\_\_\_\_ Bioreactor

\_\_\_\_\_ None (describe why a treatment system is not necessary)

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

Provide a schematic drawing of the proposed treatment system and process, and describe pollutant removal mechanisms, and estimated effluent concentrations. Provide a residual waste disposal plan if residuals will occur.

## VII. LAND DISPOSAL/RECLAMATION ANALYSIS

Regional Board policies prefer that wastewater discharges be disposed to land or beneficially re-used if practical. You must evaluate and fully consider at least 2 land disposal alternatives.

Describe land discharge options considered. Attach additional sheets if needed. Please list below any constraints that limit your ability to discharge to land. If land discharge is infeasible, state the basis for your determination.

<u>Land Discharge Option</u>	<u>Environmental Constraints</u>	<u>Financial Constraints</u>	<u>Area or Access Constraints</u>
Percolation trenches or basins			
Irrigation of landscaping			
Spray disposal			
Evaporation trenches or basins			
Subsurface infiltration			
Other similar disposal methods considered			
Describe below:			

Is land reclamation feasible? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain below. If yes, you should contact the Regional Board.

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## IX. PRIMARY POLLUTANTS/PARAMETERS LIKELY TO BE IN THE DISCHARGE

Please identify constituents of concern:

\_\_\_\_\_ Benzene

\_\_\_\_\_ TBA

\_\_\_\_\_ Toluene

\_\_\_\_\_ PCE/TCE/DCE/Vinyl Chloride

\_\_\_\_\_ Ethylbenzene

\_\_\_\_\_ Naphtalene

\_\_\_\_\_ Xylenes

\_\_\_\_\_ TPH gasoline

\_\_\_\_\_ MTBE

\_\_\_\_\_ TPH diesel

\_\_\_\_\_ TAME

\_\_\_\_\_ Other (please describe)

Have samples been collected? \_\_\_\_\_ Yes (attach results) \_\_\_\_\_ No

Are additives in the discharge? \_\_\_\_\_ Yes (describe and quantify) \_\_\_\_\_ No

If yes, please specify the additive and/or sample results

## X. RECEIVING GROUNDWATER INFORMATION

Quality of receiving groundwater (attach recent data (sample and analyze or provide existing data within one year of permit application) for all priority pollutant/parameter constituents identified in Section IX above):

## XI. PROFESSIONAL ENGINEER OR REGISTERED GEOLOGIST

If a Professional Engineer or Registered Geologist has helped you evaluate the proposed discharge for compliance with this General Order, please identify

Name:

Mailing Address:

City:

State:

Zip:

Phone:

Signature

Certificate No.

Date:

## XII. SITE WORKPLAN

Is the Site Workplan attached?

☐ Yes☐ No

## XIII. FEES

A check payable to the State Water Resources Control Board in the amount of \$4,251 (\$3,900 for category 2C discharge plus a 9% ambient water monitoring surcharge or appropriate current fee) must be submitted to the Regional Board.

## XVII. CERTIFICATION

I hereby certify under penalty of perjury that the information provided in this application and in any attachments is true and accurate to the best of my knowledge. By signing this NOI, I agree to comply with the monitoring and reporting program and stop the discharge if there is any violation, or threatened violation, of the General Permit.

Signature of Contractor/Operator:

Signature of Property Owner:

Print or Type Name:

Print or Type Name:

Title:

Date:

Title:

Date:

BTW/cgT: WDR.GP.TreatedGW.NOI.Attachment A